


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90128 010 ***163.75

DOCUMENT # P06000036390					
1. Entity Name ORLANDO READY MIX INC.					
Principal Place of Business 9961 BOGGY CREEK ROAD ORLANDO, FL 32824			Mailing Address 2929 OBERLIN AVENUE ORLANDO, FL 32804		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 9961 BOGGY CREEK RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ORLANDO FL		4. FEI Number 20-4477564	
Zip 32824		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYON, CHARLES M 2929 OBERLIN AVENUE ORLANDO, FL 32804			7. Name and Address of New Registered Agent		
Name			CHARLES M. LYON		
Street Address (P.O. Box Number is Not Acceptable)			9961 BOGGY CREEK RD		
City			ORLANDO FL		Zip Code 32824
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>CHARLES M. LYON PRESIDENT</u>				DATE: <u>03/28/07</u>	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYON, CHARLES M 2929 OBERLIN AVENUE ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYON, CHARLES M. 9961 BOGGY CREEK RD ORLANDO, FL 32824	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS ONLY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LYON, WILLIAM J JR. 9961 BOGGY CREEK ROAD ORLANDO, FL 32824	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>WILLIAM J. LYON JR.</u>				DATE: <u>03/28/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>4078518117</u>	

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